FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90283 012 ***150.00

DOCUMENT # P97000011588

T - STAR DISTRIBUTOR, INC.

Principal Place of Business
6175 N.W. 167TH STREET SUITE G-17
MIAMI FL 33015
2. Principal Place of Busine

Suite, Apt. #, etc.

City & State

Mailing Address

6175 N.W. 167TH STREET SUITE G-17

Mailing Address

Suite, Apt. #, etc.

Mam

City & State

MIAMI FL 33015

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i idetidat ila tarki lähis	Maiti Abtil Aniit Patai 1180	i itani aliki ibini taki ibai

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE	
ate Incorporated or Qualifed	

02/05/1997

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

4. FEI Number 65-0744464

Zip	Country	Zip	Country	8. This corporation	on owes the current year Intang	ible	
24	25	29 33126 3		Personal Prop	erty Tax.	Yes	□No
	9. Name and Address of Current I	Registered Agent		10. Name and Ac	Idress of New Registered Age	ent	
6175	Cia, esther 5 n.w. 167th Street		81 Name 82 Street	George, Address (P.O. Box Number Co. 175 NW			
- +	E G-17		83	Sh C IT	1		
MAIM	/II FL 33015		04 04	<u> </u>		35 Zip C	ode
			84 City	Miami	FL °	" 3ž	2015
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the objection	Florida. Such change was aut	nonzed by the corpo	corporation submits this soration's board of directors	tatement for the purpose of cha s. I hereby accept the appointm	inging its reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	oword 4.2 nd title if applicable (NOTE: F	7 · 5 · 6 legistered Agent signature r	equired when reinstating)	rewart, Kegiste	ered_	Hgent
12.	OFFICERS AND		13.		HANGES TO OFFICERS AND D		
TITLE	DP	™ DELETE	1.1 TITLE	DP] Change	Addition
NAME	GARCIA, ESTHER		1.2 NAME	George A St	ewart 6-17		
STREET ADDRESS	6175 N.W. 167TH STREET, SUIT	E G-17	1,3 STREET ADDRESS	6175 NW 16	,		
CITY-ST-ZIP	MIAMI FL 33015		1,4 CfTY-ST-ZIP	Miami, FL	- 33015		
TITLE	P	☐ DELETE	2.1 TITLE	1] Change	☐ Addition
NAME	Stewart, George		2.2 NAME				
STREET ADDRESS	6175 NW 167 ST S-617		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE] Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST-ZIP	·			
TITLE		☐ DELETE	4,1 TITLE] Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE] Change	Addition
NAME			5.2 NAME				,
STREET ADDRESS			5.3 STREET ADDRESS				** *
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE] Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemption states	d in Section 119.07(3)(i), F	Florida Statutes, I further certify	that the in	formation am an

numeries on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am all officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with anyaddress, with all other like empowered.